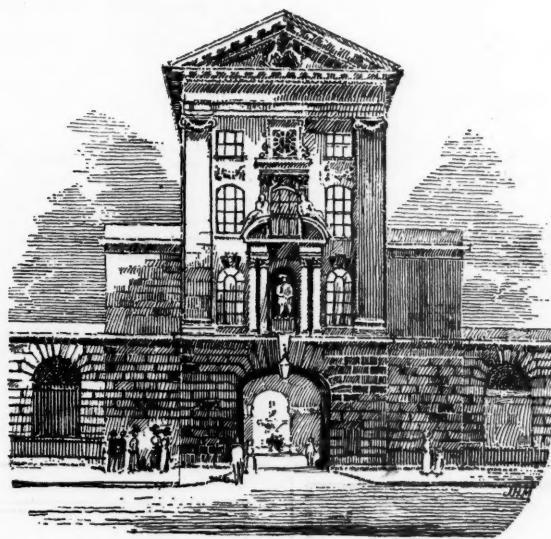


# ST. BARTHOLOMEW'S HOSPITAL JOURNAL



VOL. XXIX.—No. 4.

JANUARY, 1922.

[PRICE NINEPENCE.]

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# St. Bartholomew's Hospital



## JOURNAL.

"Æquam memento rebus in arduis  
Servare mentem."  
—*Horace*, Book ii, Ode iii.

VOL. XXIX.—No. 4.]

JANUARY 1ST, 1922.

[PRICE NINEPENCE.

### CALENDAR.

1921.

Fri., " 30.—Sir Percival Horton-Smith Hartley and Mr. Rawling on duty.

1922.

Tues., Jan. 3.—Sir Thomas Horder and Sir Charles Gordon-Watson on duty.  
First Examination, Conjoint Board, begins.

Thurs., " 5.—Second Examination, Conjoint Board, begins.  
**Christmas Entertainment for the Resident Staff.**

Fri., " 6.—Prof. Fraser and Mr. Gask on duty.  
**Christmas Entertainment for the Resident Staff.**

Sat., " 7.—Rugby Football Match v. Old Leysians (home).  
Mon., " 9.—Clinical Lecture (special subject), Mr. Elmslie.  
Tues., " 10.—Dr. Morley Fletcher and Mr. Waring on duty.  
Final Examination, Conjoint Board, begins.

Thurs., " 12.—Abernethian Society : Clinical Evening, 5 p.m.

Fri., " 13.—Dr. Drysdale and Mr. McAdam Eccles on duty.

Sat., " 14.—Rugby Football Match v. U.C.S. Old Boys (home).  
Association Football Match v. Old Carthusians (home).

Mon., " 16.—Clinical Lecture (special subject), Mr. Rose.  
Tues., " 17.—Sir Percival Horton-Smith Hartley and Mr. Rawling on duty.

Thurs., " 19.—Professorial Unit Lecture : Sir Humphry Rolleston on "The Functions of the Liver."  
Abernethian Society : Discussion on Haematemesis, 5.30 p.m.

Fri., " 20.—Sir Thomas Horder and Sir Charles Gordon-Watson on duty.  
**Last day for sending in matter for the February issue of the Journal.**

Sat., " 21.—Rugby Football Match v. London Welsh (home).  
Association Football Match v. Old Citizens (home).

Mon., " 23.—Clinical Lecture (special subject), Mr. Elmslie.

Tues., " 24.—Prof. Fraser and Mr. Gask on duty.

Wed., " 25.—Association Football Match v. Westminster School (away).

Thurs., " 26.—Professorial Unit Lecture : Dr. T. H. G. Shore on "The Pathology of Acute Degeneration."  
**Abernethian Society Mid-Sessional Address : Sir Thomas Horder on "The Private Clinic in Great Britain," 8.30 p.m.**

Fri., " 27.—Dr. Morley Fletcher and Mr. Waring on duty.  
Sat., " 28.—Rugby Football Match v. R.E. Chatham (home).  
Association Football Match v. H.A.C. (home).

Mon., " 30.—Clinical Lecture (special subject), Dr. Cumberbatch.

Tues., " 31.—Dr. Drysdale and Mr. McAdam Eccles on duty.

### EDITORIAL.

**T**is inevitable that from time to time Bart.'s news should be of sufficient general interest to be of importance in the daily press, but seldom can the name of the Hospital have been associated with a more deplorable or fantastic scheme than when public announcement was made that Bart.'s men were going to collect in America for the Hospital. How the Press obtained this information we do not know. Certainly, from the first moment when the project was announced here—the preliminary arrangements being already, unfortunately, carried through—it was manifest that the good taste and good sense of the Hospital would never allow the enterprise to be completed. The Students' Union Council stepped in and was able to put a summary end to the proceedings.

We do not propose to argue here the impropriety and "bad form" of taking our domestic appeals to another country. That is fortunately apparent to most men. But we do direct attention to the ill-effects upon the reputation of the Hospital that such private proceedings, improperly associated with the name of Bart.'s, may do. We are fortunate in having at the Hospital a system of government which has gradually grown through the centuries, and which has been moulded and changed and perfected by the passing years; and it is very necessary that each member of the Hospital should keep within the rules and "play the game." Had this been done in this instance an unpleasant situation would have been avoided. We may congratulate the Students' Union upon the growing strength of its position, and on the sensible and prompt way, in this and other instances, with which it has acted.

\* \* \*

If we may judge by the recent House Appointments and by other signs, the rule made some time ago that candidates for the Resident Staff should have served, except in exceptional cases, three months on one of the Professorial units is not likely to be strictly enforced. We may say at once

that we are very glad of the apparent change. If any unit, Professorial or otherwise, makes itself a particularly efficient teaching team, the best men will crowd to it.

If, in order to gain a coveted post, men are compelled to join a particular clinic, a spurious popularity may easily be given to the unit in question. Moreover, through the lack of the salt of competition, the teaching savour may readily depart. We whole-heartedly believe in the system of Professorial units, but we believe that, untrammelled by the rule in question, they will become even more popular than their present excellence merits.

\* \* \*

The Annual Xmas Dinner of the staff and teachers of St. Bartholomew's was held on December 21st, at the Wharncliffe Rooms, when some eighty were present.

Mr. W. McAdam Eccles was in the Chair. After the toast of the Patron of the Hospital, His Majesty the King, had been loyally drunk, Mr. Eccles proposed that of "our worthy selves." He stated that it was just upon a hundred years since Abernethy initiated the Dinner, and that this was a historic occasion, since this was the first Dinner after the granting of the Royal Charter to the School, which had become a College. He alluded sympathetically to the death of Lord Sandhurst, first President of the College, and accorded best thanks to Mr. Waring, the first Vice-President, upon guiding the Charter into its haven of rest. To Dr. Thomas Shore must be accredited the lion's share of the hard work of reading, marking, learning and inwardly digesting the tough matter of the contents of the Charter.

At the present time there were two vacant professorships in the College, the one occasioned by the transfer of Dr. Macphail to his present important post, and the other by the untimely death of Prof. Bainbridge. He hoped that two worthy men might be found to fill these chairs as their successors. Never had the School or the College been in more prosperous times. All departments were full of keen and energetic students. The heads of the two Professorial units were now full-blown professors. Long might they live!

The urgent needs of the School were a thorough re-housing of the Physiology Department, some adjustments in the Anatomical Department, better laboratories for the Clinical Professorial units, and skilled help in the Museum for re-cataloguing. Mr. Eccles stated that he would like to see constituted in our College a series of lectures on general practice delivered by selected general practitioners, as he considered such would not only prove attractive, but would maintain the deservedly high reputation of the College. Finally he said we lived upon a glorious tradition of the past, but we must remember that we have to thrive upon the energy of the present, and for these reasons he proposed "our very good health."

Mr. Eccles concluded his speech by including in the toast the President of the Royal College of Physicians of London, who sat on his right, and the President of the

Royal College of Surgeons of England, who sat on his left. Sir Norman Moore and Sir Anthony Bowlby replied in most happily chosen words.

Dr. Drysdale then proposed the new-comers to the festive board in his own excellent manner, including in the list Dr. Geoffrey Evans, Dr. Porter Phillips, Dr. George, Dr. Dudley Stone, Dr. Chandler, Mr. Coyte, Mr. Lloyd and Mr. Linder, all of whom replied, some in longer and some in shorter perfect speeches for the occasion.

The health of the Chairman was proposed by Mr. Rawling, and responded to with musical honours, to which Mr. Eccles replied, and proposed the health of the "Venerable Dean" and the "Youthful Warden." This toast was drunk with enthusiasm worthy of the men, and responded to in the most suitable terms.

\* \* \*

We are glad to hear that Mr. R. Ogier Ward, D.S.O., M.Ch., F.R.C.S., has been appointed Assistant Surgeon to St. Peter's Hospital.

\* \* \*

Mr. Kenneth Walker has been appointed Surgeon-in-Charge of Out-Patients at the Great Northern Hospital.

\* \* \*

Our heartiest congratulations to those newly appointed as Surgical Registrars. Mr. Rodney H. Maingot, F.R.C.S., has been appointed to this post at the West London Hospital, and Mr. E. M. Atkinson, F.R.C.S., to the Prince of Wales's Hospital.

\* \* \*

Our congratulations to Dr. E. Elliot on receiving Palm Leaves in Gold of the Order of the Cross (Belgium) for services during the war.

\* \* \*

Heartiest congratulations to Dr. E. P. Hicks on his winning the Duncan Medal in the examination of the London School of Tropical Medicine, and Dr. C. T. Maitland on winning the Gold Medal at the examination for the Degree of M.D. (Tropical Medicine) of the University of London.

\* \* \*

We may heartily congratulate Miss McKechnie, the Resident Staff and the College on Miss McKechnie's appointment as Lady Superintendent. We know that she is admirably suited to fill this responsible post.

But is it necessary for *all* our Lady Superintendents to wear a costume suitable, becoming, and possibly even elegant in a Dowager Duchess of, say, sixty-five?

\* \* \*

There is an old story of a first-night performance in which the author was called to the curtain. Suddenly he

was seen to turn and scuttle from the stage. In a moment he returned dragging with him a protesting, ruffled individual who turned out to be the fellow whom the audience hardly knew, he who remained behind the scenes during the play, managing and controlling in a hundred ways the small points which had made the play successful.

With this number the JOURNAL loses one of its best helpers. During the time of many editors Miss Mead has been behind the scenes, collecting facts, helping with advertisements, and in many ways making for the prosperity of the JOURNAL. The courtesy and promptitude with which many of our letters have been answered is due, we admit, largely to her. We thank her for her work, and are glad that, although leaving the JOURNAL, she is not leaving the "Office."

At a meeting of the Publication Committee on December 22nd it was resolved : "That the hearty thanks of the Publication Committee be given to Miss Mead for her excellent, long-continued and loyal work on behalf of the St. BARTHOLOMEW'S HOSPITAL JOURNAL, which services have greatly contributed to its success."

\* \* \*

All men at the Hospital should make certain of seeing the case of leprosy now in Mark Ward, choosing well the time and hour. An account of the patient's disease written by himself will appear in the next issue of the JOURNAL.

\* \* \*

It is hardly too much to say that the whole medical profession in London was shocked to hear of the tragic death, through a street accident, of Sir Sydney Beauchamp.

Sir Sydney Beauchamp, who was æt. 60, was the son of the late Mr. Henry H. Beauchamp, of Bexley, Kent. He graduated at Cambridge, taking his M.B. and B.Ch., and was afterwards attached to St. Bartholomew's Hospital. During 1919-20 he acted as Medical Officer to the British Delegation at the Paris Peace Conference, and received his knighthood in the latter year. Sir Sydney married in 1891 a daughter of Mr. Henry Morton Sharp.

He was a man particularly beloved. His death leaves a gap hard indeed to fill.

\* \* \*

On December 19th there was unveiled in Bath Abbey a tablet to the memory of Dr. George Hely-Hutchinson Almond, R.A.M.C., who was killed in action in France on August 9th, 1918. The memorial was erected by his medical brethren in the city. Dr. Almond was an old Bart.'s man, and was house physician to Dr. Tooth. He served in the South African war and joined up again in 1915. He was killed in August 1918 by a bomb dropped by a hostile aeroplane.

When these notes are read Christmas, 1921, will be only a pleasant memory, and the routine of work for 1922 will be begun.

The Wards were, according to the old custom, very beautifully decorated. Wherever in the Hospital a visitor stepped he certainly found some charming colour-effects well repaying the labour spent upon their preparation, and better and pleasanter to watch than the twinkling lights and the green of the foliage were the happy faces of the patients. And the children ! But who can describe a child's excitement at Christmas ? Fortunately we have all experienced that pleasure, and back through the years can faintly catch some of the perfect delight of Christmas morning.

With Christmas Day on a Sunday the customary troupes performed on the Monday, though the turkeys and plum puddings and presents appeared on the day itself.

But Monday was unquestionably the star occasion. Early in the morning children, dirty and clean, began to collect in the Surgery, and later each in turn, to the number of 100, received a present from the very hand of Father Christmas or his faithful cat. Later a conjuror did some capital tricks, and not only was the conjuring good, but, as one of the nurses remarked, "Wasn't his manner with the children nice ?" Soon after lunch troupes and visitors began to arrive. There were this year many more performers than usual, and nearly everywhere there were plenty of entertainers. The jazz band performed everywhere with its usual popularity. We believe that the Wards especially appreciated those troupes which caricatured in a genial fashion the little eccentricities of their chiefs. Surely once a year the teachers may well, for a short hour, receive a little instruction and very valuable information.

It was at the end of Boxing Day that a corpulent member of the London Fire Brigade burst his air-ring in Sitwell.

Whilst speaking of the troupes it is impossible to forget the debt which many of them owed to Sister Theatres and her staff for the care and talent they displayed in the manufacture of the costumes and the wigs. Who would have thought that such beauty was just—tow !

So the long Boxing Day came to a close. The patients, tired but happy, were wheeled back to their accustomed places, and the Day Staff, tired and happier, handed over for the night.

## FLEET STREET WEEK FOR BART.'S

## GREAT SUCCESS OF NEWSPAPERDOM'S EFFORT.

**F**LEET Street Week for Bart.'s was held from Monday, October 24th, to Saturday, October 29th, and proved an unparalleled financial and social success. The origin of this worthy effort is of more than usual interest as showing what big results sometimes develop from quite small beginnings. Mr. Jack Hobbs, of the Surrey XI, who is also in business in Fleet Street, was approached by our Appeals Committee with the suggestion that Fleet Street might be persuaded to combine, with the object of raising the necessary £100 to keep the Hospital for a day. He was very enthusiastic, and the Fleet Street Club at once took up the scheme. A preliminary meeting was held, at which it was decided that invitations should be sent out to all the various clubs and associations connected with the Street of Ink, inviting their co-operation. There was a splendid response, and a very strong organising committee was formed under the chairmanship of Mr. Matt. Blythe, consisting of representatives of the Fleet Street Club, Publicity Club of London, the Blackfriars Club, Advertisement Managers' Association, Press Club, and the Bart.'s Students' Union. The Committee immediately put their backs into it, and all the details were arranged, and the work allotted for the various functions, large and small, that were held during the week.

Notable events of the Week were: the chain of Whist Drives all around London.

The Grand Concert at the Albert Hall, with an all-star programme.

A Draw for sports' trophies, such as a cricket-bat autographed by the English and Australian Test Teams.

A Great Ball and Gala Night at the Cricklewood Dance Hall.

The Big Theatrical Matinée at the Palace Theatre by the Co-optimists, and many of the leading Stars in Town. The Souvenir Programme illustrated by many well-known artists and containing £900 of advertisements was acknowledged by all to be the best ever produced. A very remunerative Auction Sale was conducted by Mr. Davy Burnaby during the interval.

Both at the Albert Hall and the Palace the N.C.Os. and Trumpeters of the 2nd Life Guards turned out in full force to sell programmes. The fanfare of trumpets and spectacular display lent originality to both shows.

The Flag and Charm Day in the City proved to be a most phenomenal success, over £3000 being raised. A small army of Flag Girls and Students, the latter manning lorries, barrel-organs, spinal-carriages, etc., endeavoured all the day to cope with the seemingly endless flow of notes,

silver and coppers, and eventually such weird collecting boxes as dust-bins, pails, umbrellas, etc., had to be commandeered to accommodate it.

There were many incidents typical of the sporting spirit which possessed all and sundry during the Day and the Week :

The taxi-driver who took a dustbin full of cash from the Hospital to the bank put the fare and tip into the bin.

The two aviators who volunteered to stunt over Fleet Street in an aeroplane, first to do a short-arm balance on the fuselage and then hang from the under-carriage by the teeth.

The head of a city business who, when approached for a contribution, emptied into a collecting box, first, all the money from his pockets, then the contents of the petty cash-box, followed up by some notes from the safe.

The two girls outside the Palace Theatre !

Since the Week a great Draw has been held for over 300 gifts presented by advertisers, which varied from sheep and ladies' furs to tins of custard powder and bags of poultry food.

All engraving, printing, advertising, etc., in connection with the week was done free of cost; thus every penny raised went to Bart.'s. A cheque for £7022, the result of this magnificent effort, was presented to Sir William Lawrence, for the Treasurer, by the Fleet Street Week for Bart.'s Committee in the Great Hall on Monday, December 19th.

The following gentlemen formed the Executive Committee: Messrs. M. Blythe, A. H. Paine, F. Osborne, S. M. Idiens, S. G. Coram, C. Crane, H. S. Gordon, H. Grover, F. A. Hardy, R. Hardy, J. Hobbs, R. A. Lyons, H. J. Lees, A. Milne, F. Simon, G. B. Tait, E. A. Walker, and the two apparently inexhaustible Secretaries, Messrs. F. H. Wilkinson and S. A. Willmott. Great credit and thanks are due to them for their Trojan service, and also to all the other individuals and clubs who came forward and helped in various ways to make the Week such a great success, notably amongst whom must be mentioned Messrs. H. Lane, J. T. Skinner, A. B. Ward, J. Meredith, Cpl. Major Peel, and the Anglo-French Society.

Last, but by no means least, we must mention the students themselves, who entered whole-heartedly into the spirit of the proceedings, displaying such *esprit de corps* as can only be found amongst the men of Bart.'s.

Who dare say in the face of this that the Students' Union is a dead body?

## THE DEBT OF FLEET STREET TO THE HOSPITAL.

By Sir D'ARCY POWER, K.B.E.

"CAST thy bread upon the waters, for thou shalt find it after many days" was rarely better illustrated than on the present occasion. You come bringing a rich gift to our great Hospital in the time of her need, and we thank you for it most heartily. We look upon it as a debt incurred in past ages by many generations of the inhabitants of Fleet Street, which is discharged by you in the same way that worthy sons, as in honour bound, pay the lawful debts of their fathers. We have served you faithfully for very many years. Fleet Street—the lower road from the City to Westminster—from the time it was first traced has been one of the most turbulent streets, I was going to say, in Europe, but certainly in London. A main thoroughfare, with shops and apprentices at one end, the Temple and Inns of Court with young lawyers at the other, it is no wonder that Town and Gown rows were as frequent as in the older universities, whilst the precincts of Whitefriars were always ready to pour out the scum of the great town on any pretext for looting. From no other part of the City have so many wounded men been brought to us as have come across the Fleet Bridge and up the Old Bailey.

Let me recall to you for a few moments some of these events that you may see I speak by the book. In 1228—when our Hospital had already been working for more than a hundred years—Henry de Buke murdered Ireis le Tylor at the Fleet Bridge and fled for sanctuary with a great multitude after him to St. Mary's at Southwark. You may be sure that le Tylor was brought dying to the Hospital. There was the great burglary in 1311, when five Welshmen—the King's servants—were arrested in Fleet Street with hue and cry, and in 1381 Wat Tyler's rabble came down Fleet Street, after sacking the Savoy, burnt part of the Temple, and destroyed the forge by the side of St. Dunstan's, for the rent of which forge the City Solicitor still counts out annually six horse-shoes and sixty-one nails. A few years later no less a person than Chaucer, the poet, was fined 2s. for beating a Franciscan in Fleet Street. Where do you think that monk got his bruises dressed if it was not in the Hospital?

During the Wars of the Roses in 1441 there was a fierce fight, lasting two days, between the law students and the citizens, and in 1458 the archers were called out and drove back the law students from Shoe Lane, even to Clifford's Inn, killing many, and amongst them the Queen's Attorney. And so the tale goes on with a constant procession of the wounded from Fleet Street to the Hospital. In 1621 three apprentices jeered Gondomar, the Spanish Ambassador, as he passed their master's door in Fenchurch Street, and King James ordered them to be whipped from Aldgate to

Temple Bar, but in Fleet Street the apprentices rose in force, released the lads and cudgelled the marshmen. Still later came the Mohocks, who stood the women on their heads, and with the points of their swords continuously pricked forward any citizen whom they met in Fleet Street after dark. Improved manners and an efficient police have relieved Fleet Street of such ruffians and us of their victims. But we still draw many patients from Fleet Street and its neighbourhood, for the great printing works, the numerous lifts and the accelerated traffic furnish their daily quota of accidents. Many we mend and return whole to their labour; others beyond our skill we nurse tenderly until death ends their sufferings. For all we do our best, and your offering to-day shows how greatly you appreciate our efforts, and for it, as well as for your good feeling towards us, we thank you from the bottom of our hearts.

## PROFESSIONAL OPPORTUNITIES.

### (4) THE STUDY OF MENTAL DISEASES.

By Sir ROBERT ARMSTRONG-JONES, C.B.E., M.D.,  
D.Sc.(Wales), F.R.C.P., F.R.C.S.,  
F.S.A., D.L., J.P.,

The Lord Chancellor's Visitor in Lunacy and Lecturer on Mental Diseases to St. Bartholomew's Hospital.

**N**EVER before have mental problems kindled so much popular interest or stimulated so many earnest workers to try to unravel their mysteries, and in the field of mental investigation and research it is a truism and an axiom—as it is in the physical sciences and even in political and social life—that the first essential for progress is the correct observation and record of phenomena, by means of which new laws or principles may be discovered or old ones verified and extended.

During the last few years there have been so many efforts made to analyse the underlying motives for action and conduct and to correct undesirable and unhealthy mental tendencies that this field of study has become crowded with "researchers," few of whom are suitably equipped for the purpose and fewer still have gained the necessary experience, yet it is difficult to imagine any prospect more fruitful for investigation, nor any sphere more promising of reward than the study of the origin, the development and the growth of the human mind; its varieties through heredity and environment; its departures and lapses through disease, and the means that are applicable and suitable for its restoration when so affected.

It is for this reason that the Editor of the ST. BARTHOLOMEW'S HOSPITAL JOURNAL has asked me to state the prospects that can be held out to the successful student of mental diseases, and he has placed before me three questions to be answered:

(1) Hints for the men who desire to work on these lines with suggestions as to exams. they should prepare for.

(2) The remuneration for asylum or mental hospital appointments and the prospects of promotion to higher posts, specifying the latter.

(3) The possibilities of a settled career in this department and the encouragement for scientific work.

The intimate relation of the mind and the body is so complex, and therefore difficult and elusive for discussion, that this matter has long since become the province of the philosopher. Three views have been propounded as to their essential relationship: Firstly the material aspect, which has few supporters to-day, for materialism assumes that consciousness can never determine external action, the sole cause of mind being some modification of the nervous system so that no volition can ever be due to a motive. Materialism interferes with free will, because to will is thus only to respond to some chemical explosion in a nerve-cell, which is preposterous. The converse is also equally illogical, *viz.* that consciousness is the cause of change in matter. Although we speak of psycho-physical parallelism as the relationship between the mind and the body, the view of philosophers to-day is that there is "interaction" between the two, and that nervous processes are correlated with conscious processes, but are not caused by them. Such problems as these in philosophy, research into the biochemical changes which occur as the result of nervous activity and the investigation of conscious processes are great fields for research, and are most attractive for certain types of mind. Apart from theory, there is a very full and adequate scope for the physiologist, biologist and the pathologist in this specialty. For the last few years also there have been many earnest students of the "psychic" causes of insanity and of other nervous disorders and this affords a wide scope to the psychiatrist.

The different universities now grant diplomas in the study of mental diseases, and it is essential that those who take up this work should endeavour to get these diplomas, but service in an asylum or a mental hospital is necessary as a preliminary, and many of the authorities grant "study leave" to prepare for these special examinations. The syllabus of the subjects can be obtained from any of the universities, and special classes are held to prepare for them at the Bethlem Royal Hospital, S.E., the Maudsley Hospital, Denmark Hill, S.E., and the Cambridge University.

For asylum appointments the highest university qualifications help immensely, as public bodies often confer their best posts upon those candidates who appear to them to be the best qualified.

There are 67 county asylums, 24 borough asylums, 13 registered hospitals (such as Bethlem in London, Virginia Water in Surrey and St. Andrew's Hospital in Northampton); there are also 19 metropolitan licensed houses and 39 in the

provinces for the care of the insane in England and Wales, the chief medical officers who administer these institutions receiving salaries varying from about £800 to £2500 a year, with unfurnished or partly furnished residences rate-free and tax-free, and in many instances there are other emoluments, but there is no certainty that a junior medical officer may ever attain the post of medical superintendent, and this is a serious drawback to the service. The junior posts vary in payment from about £300 to £800 with board and residence frequently in addition. A great satisfaction to all asylum officials is that they are all eligible for pensions at the rate of one-fiftieth of the salary and emoluments for each year of service, and retirement is possible at the age of 55 years with a pension then equal to about two-thirds of the average salary for the previous ten years.

It must be remembered that asylums are often situated in remote country districts, where "society" to the gregarious individual is a negligible quantity, but to the person who lives for his patients and who is devoted to their interest, and cares for their comfort and helps in their recovery, the life is congenial. It is most often the wife and the family (who rely so much upon the propinquity of neighbours) that complain of the isolation, the separation from friends and the absence of the stimulating interchange of acquaintances, and they find the "asylum atmosphere" a difficult and abnormal life.

In "official lunacy" there are a few good appointments such as the Lord Chancellor's Visitors in Lunacy and members of the Board of Control (formerly the Lunacy Commissioners), these appointments being of the value of £1500 a year. The Mental Deficiency Act of 1913 has in addition to the above opened out about 130 certified and approved institutions and homes for the 12,000 persons now under care in them, and medical posts are attached to many of these.

As compared to general practice, the work of a mental specialist is to many attractive in itself as a study, and although the responsibility of the asylum medical officer is a constant one, there is an opportunity for some leisure, which can be taken up either with country pursuits such as are enjoyed by the so-called country gentleman (now extinct), *e.g.* farming, gardening and stock-raising. Golf, hunting and fishing with occasional shooting may also be enjoyed, and there is always the yearly holiday of six weeks or longer in association with the family, but these pleasures and diversions apply mainly to the chief medical officer, who has secured his post by faithful and continued hard work as a junior medical officer, and the duties before the final promotion is reached have been carried out under most trying conditions, but to be a success it must be reached by about the age of thirty years.

## MODERN WORK IN THE PREVENTION OF DIPHTHERIA.

By C. C. OKELL, M.B.(Cantab.), M.R.C.P.(Lond.).

 HERE is probably no other infectious condition in which the aetiology has been so completely worked out as it has been in diphtheria, and certainly no other disease of microbial origin the therapeutics of which are founded on such a secure basis.

With the discovery of the antitoxin treatment of diphtheria by Behring it was not unreasonably hoped that the worst phases of the struggle with diphtheria were at an end.

The use of antitoxin, much as it has diminished the mortality of the disease, has not, however, led to the reduction in the number of cases of diphtheria that was expected. Indeed, the mortality and morbidity rates of the disease present one of the most disconcerting problems of public health administration.

The statistics of two large cities will illustrate this point. During the years 1919-20, 28,000 cases of diphtheria occurred in New York City; of these, 2284 persons died, 90 per cent. being children. In 1919 there were 9459 cases in London and 775 deaths, and in 1920, 13,780 cases, with 1023 deaths.\* These figures have unfortunately remained at about the same level for fifteen years past.

What, then, are we to regard as the cause of the large numbers of cases with so high a rate of mortality?

Probably the "carrier," *i.e.* the person who, though himself healthy, carries virulent bacilli in his throat or nose, and when talking or coughing sprays them in his neighbour's face.

How to rid the carrier of his infection is as yet an unsolved problem of hygiene. It is obvious that early diagnosis and the segregation of cases will not in themselves banish diphtheria from a community.

Probably every patient with diphtheria would recover if antitoxin were administered sufficiently early and in adequate amounts. Early treatment perforce depends upon early diagnosis, and there is yet ample room for improving the co-ordination of the work of the public health laboratory with that of the practitioner, who, in the great majority of cases, is the first to see the patient.

In spite of a huge accumulation of sound knowledge on the problems of the disease, up to quite lately it has been impossible to look upon diphtheria as a preventable disease in the practical sense that smallpox is preventable. Prophylactic inoculation of contacts with antitoxic serum is, of course, a highly important measure, and one that has recovered its popularity since "anaphylaxis" in the human being has proved to be a much-exaggerated danger. But passive immunity can obviously only be conferred on a small scale and under favourable conditions; its duration,

moreover, is short, and it does not render the carrier non-infectious.

Obviously a very desirable method of dealing with an infectious disease is by immunising the whole of the susceptible population. This is the method that has proved so successful against smallpox. In a community which has been rendered completely or nearly completely immune an infectious disease loses most of its terrors.

Many attempts at producing active immunity against diphtheria on a practical scale have been made in recent years.

If we examine the blood-sera of a number of adults and children we find that the majority contain a certain amount of diphtheria antitoxin. The explanation of this curious fact is not yet quite clear.

Schick has found that the immune, *i.e.* people with sufficient antitoxin in their blood to prevent infection, can be distinguished from the non-immune by a comparatively simple and harmless test.

*The Schick test.*—The principle of the test depends on the fact that a correlation may be made between three things: (1) The antitoxin content of the blood; (2) the local reaction caused by the injection of a certain quantity of toxin into the skin; and (3) the susceptibility to infection with diphtheria.

The injection of the toxin into the skin of those subjects with no antitoxin in their blood is followed in twenty-four to forty-eight hours by the development of a red, circumscribed and tender patch from 15 to 40 mm. in diameter.

If there is sufficient quantity of antitoxin in the subject's blood neutralisation of the toxin takes place and no reaction occurs.

As a result of prolonged investigation a more or less arbitrary amount of antitoxin in the blood has been taken as a safe guide as to whether the patient is immune or susceptible, and the skin reaction or Schick test has been worked out to correspond. Persons containing more than  $\frac{1}{50}$  of a unit of antitoxin per c.c. of serum may be taken as being immune, those with less as susceptible. The Schick test is worked out on this basis.

It was found, however, that certain subjects are susceptible to certain adventitious products present in a preparation of crude toxin, quite apart from being susceptible to the toxin itself. These persons also gave a reaction with the Schick injection, and it became necessary to devise a control to the test which would eliminate as far as possible this source of error.

*Technique of the Schick test.*—The test is simple, but a certain amount of practice is requisite if dependable results are to be obtained. 0.2 c.c. of a properly tested dilution of toxin is given into the skin in the front of the forearm. An ordinary all-glass syringe, fitted with a short, sharp, and rigid needle is used. The needle is introduced, not "subcutaneously," but into the most superficial layers of the skin.

\* *Brit. Med. Journ.*, September 17th, 1921, p. 481.

A successful injection produces a small rounded wheal marked with depressed points corresponding to the openings of the hair-follicles. This constitutes the Schick test proper, and is usually done on the skin on the front of the left forearm.

On the right forearm is similarly injected 0.2 c.c. of the same toxin dilution, which has previously been heated to 75° C. for ten minutes. By this treatment practically all the true toxin is destroyed, while the other substances capable of producing a reaction in a sensitive subject remain active. This is the control to the Schick test.

The reactions are read on the third day, preferably also on the second and fourth days after injection. In difficult cases a reading should be taken several days after injection, and desquamation should be sought for.

The following types of reaction may occur:

(1) *The positive reaction.*—A circumscribed red flush 15-40 mm. in diameter appears at the site of injection of the unheated toxin. It is tender and may be slightly indurated. In the course of several days a slight desquamation occurs. There is no reaction at the site of injection of the heated toxin. This indicates that the subject is susceptible to diphtheria.

(2) *The negative reaction.*—There is no reaction at the site of either injection. This indicates that the subject is not susceptible to diphtheria.

(3) *The "positive combined" reaction.*—There is a reaction at the site of injection of the unheated toxin, and also a reaction, but usually more slight, at the site of injection of the heated toxin. The true positive reaction appears somewhat later than the reaction of the control test; it is longer in fading away, and is followed by desquamation. The positive combined reaction, if properly read, indicates susceptibility to diphtheria.

(4) *The negative "pseudo" reaction.*—There is reaction at the site of both injections and of practically equal amount. Desquamation does not usually follow the test. This indicates immunity to diphtheria.

It is the reading of pseudo negative and positive combined reactions which give rise to the greatest difficulty. Careful consideration of all the phenomena will, however, usually enable one to make a decision.

It is fortunate, however, that positive combined reactions are rare, and that a reaction on the control arm is usually associated with immunity.

If the test cannot be satisfactorily read—and this should be seldom—the amount of antitoxin in the subject's blood must be estimated by the more complicated methods which are at the service of the immunologist.

Certain general facts have been elicited by a study of the Schick test, and these must be referred to here (Zingher):\*

(1) Negative pseudo-reactions were found in 20-25 per

cent. of children, hence the importance of the control test of heated toxin.

(2) Children under six months are in 85-90 per cent. of cases immune. This is probably due to passive immunity, maternally conferred.

(3) A majority of children from six months to five years are susceptible.

Needless to state cases have been reported where subjects alleged to be negative to the Schick reaction have subsequently developed diphtheria. Such errors may have been due to a faulty injection, to the use of a bad toxin preparation, or to a mistaken reading of the reactions. Exceedingly few of such cases have been recorded, and they have been critically examined by Park.\* During the last eight years Park has carefully investigated every case of suspected diphtheria occurring in children or adults who had given a negative Schick test. In all there were eighteen such cases. Six of these he believed were due to errors; he has, however, met with four cases which appeared to be true diphtheria and where there had been previously a negative Schick test. So few such cases occurring in tens of thousands of tests submitted to examination may be considered a true case of the exception proving the rule.

Given that the susceptible may be separated from the immune by means of the Schick test, the second great theorem may be stated:

*By means of immunisation with toxin-antitoxin mixtures it is possible to render the susceptible immune, and by means of a repeated Schick test to be sure that this change has taken place.*

Many attempts at producing immunity against diphtheria on a practical scale have been made in recent years.

Theobald-Smith had used toxin-antitoxin mixtures in his earlier work on diphtheria immunisation. Ten years ago Von Behring commenced the extensive use of these mixtures, and soon afterwards Park and his colleagues commenced their long inquiry into the subject that has recently borne such brilliant results.

The theoretical and technical points in the preparation of toxin-antitoxin mixtures are problems of the immunologist rather than the clinician, and will not be referred to here.

Three subcutaneous or intra-muscular injections of 1 c.c. of the toxin-antitoxin mixture we have used, with an interval of a week between each dose, are sufficient to produce the required immunity. At present it is usual to give a preliminary injection of  $\frac{1}{10}$  c.c. with a view to testing the sensitiveness of the patient to the injection.

The reaction produced by the immunising injection varies with the individual. Immense series of figures showing the results of such injections are now available, and we know of no fatal result and exceedingly few serious reactions. On the whole the result is about similar to the result of the

\* Zingher, A., *Arch. of Ped.*, June, 1921, p. 358.

\* Park, W. H., *ibid.*, p. 331.

injection of the Army T.A.B. vaccine. Large numbers escape without any reaction at all.

Small children in particular show little reaction—in fact it may be said that the younger the patient the less the reaction. Park, in 10,000 immunisations reported in 1918, had but four reactions which were severe. Zingher, in his immense series of immunisations, had no reaction which he regarded as severe. Earle, in 2700 immunisations, had only one unpleasant result. This was in a nurse, who developed a somewhat indolent septic arm, but recovered without any permanent damage. Patients who gave combined reactions may show more or less severe local and general reactions, and their immunisation must be conducted with special care. Fortunately they constitute only a very small group in any population. Beyond this there seems to be no contra-indication to immunisation except acute ill-health.

Speaking generally, those that are positive to the Schick reaction should be immunised, remembering, of course, the special liability to reaction in the positive combined cases.

Children under six months, being nearly all immune, need not be Schick-tested or immunised. Children six months to two years of age, being mostly susceptible, should be immunised. In these cases a preliminary Schick test is almost superfluous and may be omitted. Above the age of two years it is only necessary to immunise those showing a positive or positive combined Schick reaction.

(To be continued.)

## THE BLAST: THE SURGEON EXPLAINED.

**F**HAT HAVE often wondered and often sought enlightenment from my fellows why the art of surgery should exercise its fascination on one man and pass another by, why the medical student should be irresistibly attracted in one case by surgery and in another by medicine. Obviously it must be something fundamental in the character or temperament of the individual. But my inquiries resulted too often in setting loose invectives and cheap sneers from the protagonists of either party, and until recently the explanation has remained a mystery. Now, however, I know. The *Times Literary Supplement* has added a further title to my esteem by an authoritative statement on this very point. "Surgery," I read, "prefers men with non-elaborate minds, even with narrow minds, into whom it can enter as the one purpose of their existence, and enjoy their undivided allegiance as the one great interest of their life, the one thing which they really care for. . . . It has no great liking for young men of culture, with minds elegantly furnished; it would rather take empty rooms and furnish them gradually to please itself. 'Give me for my disciples,' it says, 'not expensive and complex-minded young men from old universities, but young men simple enough to be whole-time drudges, plodding and

grinding and waiting, with nothing to take their thoughts off the one consummate prize of my approval.'"

Well, there's the problem solved, and now we have only to mark down the man with "a narrow mind" and devote him to surgery; tell him that it is his lot to be a drudge, and that the more empty he can keep his mind the greater his chance of becoming a surgeon. Though the *Literary Supplement* does not say so directly, it is obviously unsafe for the surgeon ever to allow his mind to occupy itself with any process of thought; he must keep it free for the mere storing up of the mechanical details of his trade, his handicraft, his art. Unlike other artists, who are to be allowed to have some ideas, nothing must distract his attention from technique. Quite obviously no surgeon ought to play golf or bridge, or do anything except keep life in him for the performance of the mechanical labour in which his plodding, grinding life is to be passed.

I suppose that it's all true, for the *Times* has said it, but—well, I have known narrow-minded men who said they were surgeons, but I don't remember a "simple-minded" surgeon. On the contrary the mind of the surgeon is so complex that the physician rarely can trust him to see a simple argument. No! on consideration the *Times* thesis won't wash, and I am still left with my problem unsolved: What is the peculiar mental twist which turns a man to the art of surgery? All the same it is interesting to realise that in the eyes of the *Times* the surgeon is such a simple fellow!

MEDICUS.

## THE COUNTER-BLAST: MEDICUS ASSISTED (?).

**M**Y does a man who takes up a medical career aspire to become a surgeon? That is the question. Methought that "Medicus" had found an answer, but alas! disappointment awaited me, for later on he reports that the explanation "won't wash." Such is the phraseology and such is the argument of the complex brain of "Medicus," who must surely be a physician. It is, indeed, sad to think that his admiration for the Literary Supplement of the *Times* should have met with such a serious blow. I have been wondering whether the attributes opposite to those ascribed to the surgeon might not be applicable to the physician. "An elaborate mind, his allegiance to his art being of minor consideration, coming from the older University, where his mind has become elegantly furnished and cultured, each attribute tending to cause its owner to lead a life of leisure and to apply his brain as infrequently as possible to the aid of his fellow-man." But, alas! this will not do, and glad am I for it, for then the student of medicine would have no doubts as to which was the better calling. Yet the *Times*

correspondent seems to suggest that the description would suffice, and would encourage the simple-minded surgeon to look on with envy. Why is it, then, that the student still persists in the tendency to become a drudge? He is in most matters a discriminating fellow! Is it that he looks back and has watched the attacks of the surgeon on the physician's art, and realised that action has led to more profitable results than theory? Is it that he conceives the idea that the physician is resting on his laurels as the result of his triumphs in the past, and remains watching the efforts of his pupil, the surgeon, who has taken on for himself the art of diagnosis, which he has improved by methods of his own? Or is it because he has become intoxicated by the rapid strides which surgery has made in dealing with those diseases with the knife which were hitherto untouched by the use of herbs? May it not be that the student, after all, regards the life of a surgeon as one of action, demanding quick decisions, which cannot come out of a complex mind? It may also be the sporting element which appeals to him, whereby the surgeon has to face his critic in the open places, when his faults are demonstrated, rather than in that upper chamber where few but the pathologists will criticise. I can hear him say, even though he has been trained in that older University, "I must cast away my complex training and assume the simple mind on which to build so magnificent an edifice. Drudgery be damned, and if it be not, it is an honour to be a drudge."

SIMPlicissimus.

## EUSTACE.

"The hours I've spent with thee, dear heart!"

**E**o you know Eustace? The answer is not "Eustachian tube" as you might have guessed. Oh dear no! that would be far too easy. The question is merely rhetorical. How could you know Eustace? (That question also is rhetorical.)

Eustace is mine—my thing, my chattel. Day by day you may see me sitting quietly with Eustace in the Library. At noon you may see me walking with Eustace in an Hallelujah direction. After lunch we retrace our steps, and we may be seen at any time before 5 o'clock (by presentation of visiting card) sitting quietly in the Library.

Eustace is a great friend of mine. I know the heights of his ambition, the pinnacles of his pride, the depth of his depravity. I know the hardness of his heart and the hollowness of some of his interior life. After prolonged acquaintance the splendour of his architecture has grown upon me. His sardonic smile oftentimes cheers the tedious hours of an unending afternoon. Though he is sightless, speechless and brainless I still love him. I have learned to value his basic solidarity.

I say to him, "Eustace, shall we stop work?" Eustace sets his teeth and grins earnestly. I work on.

Often I dream of him. Once I dreamed that I dug him up in the Foro Romano with a label attached to his zygomatic arch bearing the legend, "Julius Cæsar, Ides of March, B.C. 32." For days my anatomical studies suffered an hiatus.

I love to speculate on the facts of Eustace's past life. Despite his smile I refuse to think that he ever acted for the screen. Despite his present brainlessness, in real life he was no fool. Despite the size of his cephalic index (73.8) I refuse to consider him as other than a Britisher. The contour of frontal bone assures me that he was a great thinker; the strong muscle-markings of his mandible convince me that he was an orator of no mean order; the

depth of his orbit leaves no doubt in my mind as to the keenness of his powers of observation. A distinct transverse groove across the nasal bones shows that spectacles were used and therefore indicates the student. The perfect symmetry of the nasal septum points to ambidexterity. With one exception the teeth are regularity itself. The rule indicates cleanliness and a painstaking attention to detail. The

exception shows clearly that Eustace was a pipe-smoker.

With these indubitable facts as a basis how tempting is the elaboration of a superstructure! Eustace was an eminent politician who could sign papers with both hands at once. He was editor of a newspaper. He was a cricketer—bowling right-handed and batting left. He was a super Sherlock! An ancestral Einstein!

Once an awful thought seized me. Perhaps Eustace was a lady—Eustina forsooth. Had I treated her as became her sex. I remembered—oh, how sadly—that one day after recounting a spicy anecdote to F—I had been struck by the fact that supra-orbital ridges seemed to have risen to a higher level and that mandible and maxilla had parted company, but I consoled myself by my conviction of his being a pipe-smoker, and recollect the masculine proportions of his mastoid process.

I always connect Eustace with a date, not too far distant, when an accurate acquaintance with him may prove of



inestimable value. How sad that so real a friendship should have so rankly utilitarian a basis.

Nevertheless I fancy that I shall never regret this intimacy. On one point I am decided. Should a kind examiner say to me next March, "Bring me a bone," I shall choose out a sparkling, well-marked occipital, and turning to him I shall say, "This bone, sir, formed the basis of one of my dearest friendships."

### ST. BARTHOLOMEW'S HOSPITAL CAMBRIDGE GRADUATES' CLUB.

 THE Forty-First Annual Dinner of the St. Bartholomew's Hospital Cambridge Graduates' Club was held at Frascati's Restaurant on Wednesday, November 30th, 1921. Sir Humphry Rolleston was in the Chair, and 94 members were present.

The arrangements were in the hands of the two Secretaries, Dr. Henry Burroughes and Mr. Reginald Vick, who are to be congratulated on the excellence of the menu and success of the evening.

In proposing the toast of "The Club," Sir HUMPHRY ROLLESTON spoke of its flourishing state, there being 26 new members. He laid emphasis on the wisdom of graduating at Cambridge and Bart.'s. He mentioned the great loss the Club had sustained by the death of Prof. Bainbridge and Sir Sydney Beauchamp.

Dr. FRASER proposed the toast of "The Visitors." He was glad to see so many people from Oxford.

Sir ARCHIBALD GARROD replied. He said how sad he felt at leaving Bart.'s for his new work at Oxford. Several Oxford undergraduates had asked him which hospital was the best to go to, and he felt rather diffident about recommending Bart.'s, but hoped that we should get some of the best men from Oxford.

In seconding Sir Archibald Garrod, Mr. H. G. WARING told us that he was an original guest of the Club. He gave his experiences of the dressers from the three Universities.

Sir WALTER FLETCHER proposed "The Chairman," who had been a member of the Club for 40 years. Sir Walter was astonished to see how youthful he still looked. Sir Humphry Rolleston was in the last Bart.'s Rugby team that won the Hospital Cup.

The CHAIRMAN replied, and alluded to the fact that one-tenth of the medical profession came from Bart.'s, and that there were more strangers in other medical schools from Bart.'s than from any other hospital. He spoke of the excellent arrangements made by the Secretaries and proposed their healths.

In replying for the Secretaries, Dr. BURROUGHS said that the Club had nearly 700 members, all of whom had been written to, but that he had only received 200 answers to his notice of the Dinner.

Mr. VICK supported Dr. Burroughes, and told us how amusing some of the answers to the notices were. He did not think that Dr. H. Morley Fletcher had been properly thanked for his kind hospitality following the Dinner on so many occasions. He deeply regretted that Oxford had cancelled their football appointment with the Hospital and hoped the fixture would be resumed.

During the evening Mr. Neville and Mr. Morrison amused the Club with songs.

After the dinner several members were entertained by Dr. H. Morley Fletcher at 98, Harley Street. Mr. Just, Dr. Burroughes, Mr. Morrison and Mr. Neville provided the musical numbers. Dr. Burroughes' "Mrs. Cooper" was much appreciated. Dr. Nunn told some amusing Cornish tales.

The "Twelve Apostles" was sung with great vigour.

### ABERNETHIAN SOCIETY.



EETINGS of the Society were held on November 24th, December 2nd, 8th and 15th.

On November 24th an address was given by Dr. Geoffrey Evans on "The Mental Aspect of Disease without reference to Psycho-Analysis" before an audience of over 40 members.

Dr. Evans said that the appraisement of the patient's mental factor was important both in the earlier and the later stages of disease. A doctor could not limit his interest either to psychology, or to organic disease. If he were a pure psychologist, organic disease would escape his notice, and if, on the other hand, his interest was limited to organic disease, he would fail in the practice of his art.

Since the war the mental aspect of disease had become more prominent. But the use of methods of psycho-analysis and suggestion was in part the result of a reaction to the main trend of other medicine. In the earliest infancy of medicine, "disease" meant simply a lack of ease, from which it is clear that the mental aspect was predominant. Followed a phase in which the study of pathology sought for changes in structure to explain disorders of function; and nowadays, if we find no evidence of organic disease, we are still apt to deny that there is any disease present. More recently interest had centred on the study of the causation of disease. This had led to a tendency to forget the patient in his disease: we treated the disease with serum, and the patient with contempt. Besides this, interest tended to fade in the treatment of those conditions in which no organic disease could be demonstrated, and in progressive diseases, like cancer or Bright's, the cause being unknown, there was a tendency to despise symptomatic treatment.

It was a reaction against the extreme of this attitude which drove the public to Christian science, quack medicines, osteopathy and faith-healing. It was largely due to the constant narrowing of our field of vision that the demand for psychotherapy had arisen. But in sound practice, the separation of psychotherapy and medicine was no more justifiable than the separation of the functional and organic aspects of disease in any one patient. It was the object of medicine in the future to correlate these two aspects of disease, and to bring them again into the same unison in the mind of medicine as they exist at present in the case of every patient.

This object could be attained by the study of the common factor in organic and functional disease—that is, by the close study of of symptomatology. There is no essential distinction between the symptoms of functional and organic states. The more exact and faithful study of symptoms would never fail to throw new light on the study of disease.

But there was a new field open for study in the understanding of the mechanism by which symptoms are produced. Disease in a clinical sense is largely an expression of change in the activity of the mechanisms which integrate the complex processes of the body. It is, in its signs and symptoms, largely a variation in physiological activity, exceeding or falling short of the normal, and the understanding of it, as it affects a patient and not as it affects his separate organs, must depend on our understanding of the activities of the chemical and nervous mechanisms by which the several parts of the body are welded into one.

Analysis of the nervous system, which is the rapid integrating mechanism, showed that there were two main divisions—the psychomotor and vegetative systems; the former concerned with the voluntary muscles and the external environment of the individual, the latter with the involuntary muscles and glands and the individual's internal economy. In disease the vegetative system played the greater part, its balanced action being controlled by the opposing activity of sympathetic and parasympathetic systems. Of these, the former was largely concerned with catabolic, the latter with anabolic processes. Differences in the reaction of young and old to disease largely depended on a varying balance between these two parts of the vegetative system at different ages.

The activities of the vegetative system were largely unconscious, but it was now established that one form of visceral sensibility, namely pain, is directly reflected in the cerebral cortex. Sherrington defined pain as the psychical adjunct of a protective reflex. Besides sensibility for pain, the gut could appreciate and localise a sensation of fulness.

Concerning visceral sensibility in disease not much was accurately known. A slight disorder may gradually make its way into consciousness by the constant repetition of subminimal stimuli, as a man is waked from sleep by an oft-rung telephone bell. The study of patients with an abnormally sensitive receptive mechanism, lightly termed neurotics, would throw light on the obtuser sensations of more normal men. We need to understand symptomatology in terms of physiological reaction, and in so far as this activity is reflected in consciousness we touch the mental aspect of disease.

Time forbade a discussion of such interesting mental aspects of disease as the optimism of disseminated sclerosis, the spes phthisica, the phobias, and cerebral intoxications.

In conclusion, the other side of the picture, the influence of the mind on the body, was referred to. The mind has no direct control over the two main integrating mechanisms of bodily function, the endocrine glands and the vegetative nervous system. A conscious mental effort will not add a cubit to a man's stature, but if imagination leads the way there is a controlled activity of involuntary muscle-fibres and glandular secretion. It is in its influence, through the imagination, on vegetative nervous activity, that the mind may under circumstances call forth the very picture of organic disease.

At the present time we cultivate, by games and intellectual effort, the psychomotor side of our nervous system; yet the feeling of health and vigour depends as much on the vegetative system as on the psychomotor. The study of the mechanism of vegetative activity and internal integration will gradually erect a material basis of observation that will go far to link the mental and organic aspects of disease.

On December 2nd a discussion was held on "Constipation." The discussion was opened by Mr. A. C. Macauley, who dealt with the medical aspect. The surgical aspect of the subject was treated by Mr. E. Liston, and a brisk discussion followed, in which a dozen members took part. Forty members were present.

On December 8th a clinical evening was held. A case of fragilitas ossium in a girl, at 7, was shown by Mr. Le Brasseur, by kind permission of Mr. Elmslie; a case of exophthalmic goitre with obscure oedema by Mr. Morgan; a case of pyonephrosis by Mr. Burt-White; and a case of atypical disseminated sclerosis by Mr. Hunt-Cooke.

On December 15th Mr. Kenneth Walker gave an address on "The Diagnosis and Treatment of Ureteral Calculi," illustrated by diagrams and X-ray photographs.

## STUDENTS' UNION.

### ST. BARTHOLOMEW'S HOSPITAL RUGBY FOOTBALL CLUB.

#### STAND AT WINCHMORE HILL.

*Statement of Receipts and Payments to date of Completion of Stand, December 6th, 1921.*

RECEIPTS.		£	s.	d.
To Donations . . . . .		41	17	0
" Rugby Football Club—Grant . . . . .		20	0	0
" Sundry loans, without interest . . . . .		206	1	0
		£267	18	0
EXPENDITURE.		£	s.	d.
By Cost of Stand:				
Contractor's account . . . . .	245	9	0	
Architect's fees, drawing up plans and supervising work . . . . .	17	0	0	
		262	9	0
Printing, stationery, etc. . . . .	2	5	0	
Postages, stamps, etc. . . . .	1	18	6	
Cheque book . . . . .	0	5	0	
		266	17	6
Cash at Bank and in hand . . . . .	1	0	6	
		£267	18	0

We have examined the above account, with the counterfoil, receipt books and vouchers produced to us, together with the list of donations and loans, and certify the same to be correct in accordance therewith.

HILTON, SHARP & CLARKE,  
Incorporated Accountants  
and Auditors.  
LUDGATE CIRCUS,  
LONDON, E.C. 4;  
December 21st, 1921.

### RUGBY FOOTBALL CLUB.

#### ST. BARTHOLOMEW'S HOSPITAL v. BRISTOL.

St. Bart.'s paid their first visit to Bristol City on November 19th. St. Bart.'s kicked off at 3 o'clock and some neat passing by the backs saved a Bristol rush. The Hospital three-quarters followed up a punt by Thomas over the line, but Pickles found touch well. After

a good burst by Spoors, Gaisford picked up, but after gaining ground, kicked across into Corbett's hands, who earned applause by a fine kick into touch.

Almost immediately afterwards, Davis, after smart passing, got in a good kick to touch. The dribbling of the Bart.'s forwards, headed by Parker, was at this period especially fine. Up to this stage the Hospital had dominated the game.

Tucker made one brilliant run for Bristol, but he was well tackled by Johnstone.

When the Bristol backs got the ball the Hospital three-quarters tackled well, and did not accept kind offers of many "dummies."

Corbett made a fine save by intercepting when the forwards made a big onslaught on the Bristol line. A few moments afterwards Thomas made a burst and was only just stopped, but Davis, picking up well, eluded two opponents and scored between the posts, for Gordon to add the extra points. Just before half-time Corbett dropped a splendid goal from thirty yards' range. Bristol again were on the defensive, brilliant efforts by Pickles, Budd and Spoors only just keeping the Hospital out.

Half-time: Bristol, 4 pts. Bart.'s, 5 pts.

After the interval Budd changed places with Jones on the Bristol side.

After some desultory play in midfield the Bristol forwards put in a great rush. They heeled from the next scrum, and a fine bout of passing ended with Spoors rushing past the custodian to score a try. Pickles added the extra points. Within a few minutes Wring was over in the corner again. The Bart.'s custodian, who frequently kicked well, was making bad attempts at tackling. The Hospital pressed hard after this, and a great effort by Thomas was nearly rewarded. On another occasion Moody-Jones made a great spurt on the right wing after a good opening by Williams and Cockell. A few minutes later Spoors gathered well, and kicking forward—the custodian, instead of taking it in the air, met it at half volley and missed it—followed up and caught it again to run in unopposed. Pickles kicked a goal. Bart.'s again pressed, and Thomas put in some fine runs and tackled well. The score might easily have been reversed. Territorially Bart.'s easily had the better of the first half, and only weak tackling for a period of ten minutes led to the score, which by no means represents the trend of the game.

Bristol: 17 pts. Bart.'s: 5 pts.

Bart.'s: W. F. Gaisford, *back*; M. G. Thomas, P. O. Davis, J. G. Johnstone, W. Moody-Jones, *three-quarters*; T. P. Williams, D. H. Cockell, *halves*; S. Orchard (Capt.), A. E. Beith, A. B. Cooper, G. C. Parker, H. S. Gordon, E. S. Vergette, H. G. Anderson, H. V. Morlock, *forwards*.

#### ST. BARTHOLOMEW'S HOSPITAL v. RICHMOND.

On November 26th the Hospital met Richmond on the latter's ground. (G. C. Parker and M. G. Thomas were notable absentees from the Hospital side.) During the game Bart.'s showed better all-round form than they have done this season. The forwards worked as a pack and the outsides combined and ran straight. The vanguard, especially during the second half, completely outplayed the Richmond octette both in the loose and in the scrums.

This resulted in numerous opportunities for the three-quarters, who combined very well, giving and taking their passes on the run—occasions often neglected by the three-quarters—D. H. Cockell, ably fed by Williams, continually set his line in motion. The best try of the match, and, indeed, of this season, was one in which the ball travelled from the base of the scrum through all the three-quarters' hands for Moody-Jones to terminate a most spectacular effort with a fine try. The forwards were prominent to a man, Beith scoring a fine try after a twenty-five-yard run. Gordon majorised four out of the five tries. Richmond were served well by the full-back and Housden, the left wing, who scored their solitary try. Moody-Jones (2), Davies (1), Coyte (1), Beith (1) scored for the Hospital.

Bart.'s: 4 goals, 1 try (23 pts.). Richmond: 1 try (3 pts.). Bart.'s: E. V. Frederick, *back*; W. Moody-Jones, P. O. Davis, J. G. Johnstone, A. B. Coyte, *three-quarters*; T. P. Williams, D. H. Cockell, *halves*; S. Orchard, A. E. Beith, C. Shaw, H. S. Gordon, E. S. Vergette, H. G. Anderson, H. Morlock, J. D. Allen, *forwards*.

#### ST. BARTHOLOMEW'S HOSPITAL v. CAMBRIDGE.

Cambridge University were the visitors at Winchmore Hill on November 30th. The Light Blues fielded a full side, with the exception that R. Seddon deputised for Stanley Cook at left centre. The Hospital lacked the services of M. G. Thomas, the Welsh International.

The Hospital opened well, and determined forward play kept the visitors in their own "twenty-five." On more than one occasion the Cambridge line was in danger—but Williams and Cockell, who were playing well, were operating behind a beaten scrum. Parker was held up just outside and Orchard essayed a drop at goal. The heavier Cambridge octette was not to be denied, and after a spirited rush into their opponent's half they keeled out well. The ball travelled along the line to Saxon, who left the home custodian standing still. Though beaten in the tight, Orchard and his men were by no means inferior in open and spirited play. Before the interval Saxon again scored for the Varsity after a bout of passing, which displayed good speed without extraordinary trickiness.

Previous to this Moody-Jones scored for the Hospital by following up a kick by Johnstone. Gardner, the custodian, was at fault, failing to return to his position after kicking into the open.

Just before half-time Davis was responsible for a very fine tackle, bringing Wakefield down with the ball as he was about to score.

In the second half training told its tale. Cove-Smith finished off some handling by Wicks and Saxon by getting a try. This was followed by a try by hand-to-hand passing of the forwards.

The Bart.'s forwards, undaunted, though beaten badly in the scrums, made several desperate attempts. During one of these rushes by Orchard, Shaw, Beith, Parker and Anderson, the light blue three-quarters displayed a great dislike to falling on the ball. A few moments later Anderson was very unfortunate to be called back for a knock-on after crossing the line. The "knock-on" was merely a rebound off his chest.

Cambridge again returned to the attack and tries were scored by Jones and Stokes. The try by the latter was due to a risky—but brilliant, as it proved successful—intercepted pass by Threes in his own "twenty-five."

The feature of the game was the stolid cohesion of the Cambridge pack. Eight pushed in the scrum, the same number followed up. At times it appeared as though the Hospital octette carried a few "wingers." Another noticeable point was the fact that the Cambridge front rank got down much sooner. The score is hardly a fair criterion of the trend of the game. Harder tackling (and in some cases attempts at tackling) would have greatly minimised the score. Final score :

Bart.'s: 3 pts. Cambridge: 26 pts.

Bart.'s: W. F. Gaisford, *back*; W. Moody-Jones, J. G. Johnstone, J. O. Davis, A. B. Coyte, *three-quarters*; T. P. Williams, D. H. Cockell, *halves*; S. Orchard (Capt.), A. E. Beith, G. C. Parker, C. Shaw, H. S. Gordon, E. S. Vergette, H. G. Anderson, J. D. Allen, *forwards*.

#### ST. BARTHOLOMEW'S HOSPITAL v. H.A.C.

This match was played at Winchmore Hill on December 3rd.

The Hospital, though below full strength, outplayed the H.A.C. to the extent of 24 points to 8. Owing to the recurrence of an old knee injury Coyte changed places with Royle. The superiority of the Bart.'s forwards—ably led by Beith, Shaw and Parker—soon evinced the fact that it was only a question of points. The forwards heeled well at times, but the backs were too prone to squeeze their wings into touch. Anderson was continuously conspicuous for fine following-up and determinedly low tackles. Nevertheless the H.A.C. played a gruelling game and fought every inch of the ground. They were served most ably by the left wing—who kept constant "guard" on Moody-Jones—and the full-back. K. May had the misfortune to sustain a Pott's fracture and is likely to spend his Xmas in Stanley Ward.

At times it appeared as if the Hospital were playing more than the customary number of scrum-halves. This often resulted in delay in getting the ball out to the three-quarters. Davis frequently tackled well, and Johnstone was in a scoring vein. He gathered 10 points by individual efforts.

For the Hospital tries were scored by Moody-Jones (1), J. G. Johnstone (2), Morlock (1), Campbell Shaw (1). T. P. Williams and Johnstone dropped a goal each; the former's goal was a penalty. Shaw added the extra points to his own try.

Bart.'s: 3 goals, 4 tries (24 pts.). H.A.C.: 1 goal, 1 try (8 pts.).

Bart.'s: H. Royle, *back*; A. B. Coyte, J. G. Johnstone, J. O. Davis, W. Moody-Jones, *three-quarters*; T. P. Williams, D. H. Cockell, *halves*; A. E. Beith (Capt.), G. C. Parker, C. Shaw, E. S. Vergette, H. G. Anderson, J. D. Allen, H. V. Morlock, A. D. Wall, *forwards*. Absentees: S. Orchard and M. G. Thomas.

#### ST. BARTHOLOMEW'S HOSPITAL v. OLD PAULINES.

On December 10th the Old Paulines were the visitors at Winchmore Hill. The Hospital were far below their usual strength. H. D.

Llewelyn was tried at full-back, and on the whole gave a satisfactory account of himself.

Though the Hospital were below their full strength they gave possibly the worst display they have done this season. They lacked cohesion in practically all departments. Llewelyn was sound at back. Cockell and Williams at half were the redeeming features on the Bart.'s side. Cockell made opening after opening, but the backs could never get going. Johnstone was inclined to distrust his wing, and Nicholls, determined enough at times, has played better games. The forwards tired visibly long before the end. Enthusiasm and dash were absent to a very great degree—possibly the Hospital Dance had had dire effects!

After twenty minutes' play Orchard opened the scoring after running round to support the right wing. The Old Paulines did the remainder of the scoring. Tries were scored by K. G. Atkinson and Whitehorn. Farrell, at three-quarters, and Whitehorn, at forward, were the most conspicuous in the Old Paulines' team, who deserved their victory for, at any rate, showing more dash and spirit.

Old Paulines: 13 pts. St. Bart.'s: 3 pts.

Bart.'s: H. D. Llewelyn, *back*; R. R. Foote, J. G. Johnstone, P. O. Davis, H. Nicholls, *three-quarters*; T. P. Williams, D. H. Cockell, *halves*; S. Orchard (Capt.), A. E. Beith, G. C. Parker, E. S. Vergette, H. G. Anderson, H. V. Morlock, J. D. Allen, A. D. Wall, *forwards*.

#### ASSOCIATION FOOTBALL.

##### INTER-COLLEGIATE CUP, 2ND ROUND.

###### ST. BARTHOLOMEW'S HOSPITAL v. GUY'S HOSPITAL.

Played on December 17th. A keen and fast game resulted in our defeat by Guy's to the tune of 3—0.

Guy's won the toss and elected to play with the wind and sun; they started off by sending in a fine shot, which was just turned round the post by the home goalie. Couch opened the score for the visitors with a quite "unsaveable" shot. The game then proceeded on more equal lines, Bart.'s being unfortunate not to equalise. For the first twenty minutes of the second half there was nothing to choose between the two teams until the visitors forced a corner. From this the ball found the net off one of our own backs.

Bart.'s then seemed to give up hope and allowed Williams to record a third goal against them.

The home weakness lay in the forward line, which showed a sad lack of combination and an insufficient feeding of the wings, though individual play was good. They want to get on the ball quicker.

Oldershaw and Caiger were the outstanding features of a defence that played well and concertedly.

Guy's played a good and consistent game and undoubtedly deserved their victory, though with more combination in the Bart.'s attack this result should be reversed in the Inter-Hospital Cup Tie. Teams :

Bart.'s: Ward, *goal*; E. Coldrey, Caiger, *backs*; Oldershaw, Dick, Lorenzen, *half-backs*; G. Nicholls, Stuart-Low, W. E. Lloyd, A. E. Ross, Asker, *forwards*.

Guy's: Hardy, *goal*; Wakeford, Sennitt, *backs*; Painter, O'mera, Parry, *half-backs*; Walters, Van Geuns, Williams, Couch, Morgan, *forwards*.

#### DEBATING SOCIETY.

Debate held on December 6th, 1921, in the Abernethian Room. Subject, "That, in the opinion of this House, co-education of the sexes is desirable."

Mr. E. R. CULLINAN, opening the debate, made a serious and excellent attempt to win support for the motion. The word "co-education," he said, was anathema to conventionalists, because they had been brought up and educated to dislike it. He was not going to deal with co-education of quite young children, because even the opposers of the motion would admit its utility and desirability; nor was he going to deal with higher education, because that affected only a very small proportion of the population. He would confine his remarks to education in ordinary school life, from ages of 10 to 18, when character was being moulded and built up. At this age it was practical, natural and economical. It would do away with that absurd shyness and mutual embarrassment of the sexes, which was the cause at present of our degrading secrecy with regard to natural functions, and in many instances the cause of hysteria and unnatural practices. It would foster a deep and real chivalry and a proper

knowledge of the opposite sex, which would make marriages happier. Increased competition in the class-room would raise the standard of education for both sexes. As economy did not allow large families nowadays, co-education would give a child a chance to adopt a few brothers or sisters, whichever it happened to be short of. Finally co-education would open up a large field for research into matters of education and sex.

Mr. E. B. BROOKE opposed. He first paid a small tribute to the eloquence of his opponent, which, alas! might have been so much more profitably employed. To see a young man, of utmost integrity and upright character, demeaning himself by upholding a policy which would ruin our nation was indeed a pitiful sight. Co-education did not only mean boy and girl sitting side by side in the class-room, it must surely mean close and frequent contact of the sexes during their early years. Was it fair to ask boys to try to cope with the female mentality? How many grown men can do it? "I have tried and I have failed." Was it fair to ask young girls to compete with the superior intelligence of boys? Too great a stress would be thrown upon them. The co-educationalists say it is natural. "Yes! it is; but natural appetites must be subjected to the exigencies of civilisation." Chivalry on the Underground was diminishing because, as women became emancipated, men are losing respect for them. What would happen if we started intimate relationships at an early age? What form was juvenile chivalry going to take? Would Jack carry Jill's school-books for her? Would boys and girls mix together properly? He thought healthy-minded boys would form cliques and hold aloof. Only the unhealthy would mix and a wrong sort of fellow-feeling would result. Co-education would make the sexes *blasé*; the lemon would be squeezed dry; and there would be a loss of that love romance, which is now only destroyed by matrimony. Women should be educated to be complementary to man, not to be a similar being. Who would marry a similar being? No one here, I hope. The poet who wrote, "Woman in our hour of ease," would disapprove of a loud-voiced, unmannerly, co-educated hoyden during working hours. Had co-education improved marital relationships in America, where a divorce was as easy to procure as a hair-cut? His personal experience of co-educated men was that they became either vegetarians or bolsheviks. It was a constant source of remorse to him that he had dissected an abdomen with a woman at Cambridge. "Furtively, as our hands met through the foramen of Winslow, her levatores palpebrae would slowly relax and a gentle hyperæmic suffusion would spread over her comely cheeks—but how could I," he asked, in broken tones, "in such unromantic surroundings?"

Mr. E. J. H. ROTH: "Mr. Brooke is obviously a woman hater." (Loud cries of "No!") Women are now taking a more prominent part in public life, therefore they should not be separated from men with whom they will have to work. In the Colonies, co-education is regarded as the vanguard of educational progress. He welcomed the suggestion that men were made more effeminate by co-education, because that implied that they became more humane and more considerate for their fellow creatures. Co-education does not mean "close and frequent contact of the sexes," in spite of the fact that "co" anything else usually does. As regards the lemon squeezed dry, one could look at fruit without squeezing or bruising it.

Mr. B. M. TRACEY denied the superiority of girls who have brothers and "fellows who have girls." He meant "fellows who have sisters"; but *lapsus linguae* is a symptom of his complaint, diagnosed by his friends as "dyslogorrhagia." He dealt, mainly, with practical difficulties of co-education. An American lady had told him that immorality was rife in American mixed schools; he thought it a very real and terrible danger. Discipline was a serious difficulty. Should a boy be made to smart doubly under corporal punishment and the injustice of seeing his girl companion in sin merely being sent to bed? At Cambridge the best men kept to themselves, and those who did have the misfortune to dissect with a woman were constantly disturbed by fatuous remarks from the co-educated. "Women are excellent in moderation."

Mr. A. ABRAHAMS appealed to the supporters of the motion to give him a real argument for co-education. He was in the unfortunate position, occasionally, of having to eulogise the smaller medical schools; this entailed supporting co-education; because women were, and always would be, amongst the "leavings" which the smaller schools had to accept, with as good a grace as they could. He had concocted a few specious arguments, but it would ease his conscience if he could discover a single real argument for future use.

Mr. G. B. TAIT advanced psychological reasons against co-education. Boys brought up in this way would never have that natural

respect for women which marks a gentleman. The presence of women students would spoil all the best features of the surgical teaching in the Hospital. How could such indelible impressions as he had received from a dissertation on lipomata, as assets to husband-hunting Hottentots, be imparted to a mixed class?

Mr. T. M. MARCUSE primly suggested that knowledge could be imparted without vulgarity. At another medical school he had been thwarted, in an ever intense desire to slake his thirst at the fountain of knowledge, by women occupying front seats at lectures, flirting with physiology demonstrators, and monopolising anatomical models.

Mr. E. LISTON said the mediæval explanation that the membrane separating twins was to prevent immorality in utero was not scientific: he thought it an argument against co-education.

Mr. R. S. COLDREY has either an immense sense of humour or a very bad memory for his previous speeches. Whichever it may be, he was very amusing when he said "What I complain of, in this House, is that too much stress is laid on morals; it's nothing but 'immorality,' 'immorality,' 'immorality.' Well, we are immoral, let's admit it." But, he argued, it was mostly on the male side, and he feared co-education might lead the fair sex into evil ways. Women should be educated for motherhood and home life.

Mr. C. P. POWELL, after a little talk on logic and etymology, proceeded to split his infinitives. Boys and girls, like his metaphors, should be mixed and thoroughly mixed. He advocated cookery for boys, though he had not learnt it himself; in fact, he had not learnt geography, or chemistry, either. It was not chivalry, but fear, that made us give up our seats in tubes.

Mr. N. MOULSON: "We're all afraid of the women; they'd get all the prizes."

Mr. F. F. IMANITOFF made remarks on the practical difficulties of co-education which were rather unnecessary, in quantity and quality. "Chivalry is only possible with a very great ignorance of the true nature of women."

Mr. R. KLABER thought co-education would not make much change in men; some would always be embarrassed by women, others would still take to them like a duck to water.

Mr. E. R. CULLINAN briefly replied.

The motion was lost by twenty-seven votes.

## REVIEWS.

**PATHOLOGY OF THE NERVOUS SYSTEM.** By E. FARQUHAR BUZZARD, M.A., M.D., F.R.C.P., and J. GODWIN GREENFIELD. (London: Constable & Co.) Pp. xv + 334. Price 30s.

In the preface to this book the authors state their belief that they are meeting a real need. They are right: we know of no other book in which the student or practitioner can find such an accurate and up-to-date account of the pathology of the nervous system. Perhaps of necessity the book deals almost entirely with morbid anatomy and histology. Morbid physiology is hardly touched upon except in the chapter on circulatory disturbances; is it too much to hope that in a future edition we may have chapters dealing with the morbid physiology of such things as fits, coma and alterations in reflexes? The work is well and freely illustrated with photographs, macroscopic and microscopic; but we still hold that good drawings of microscopic sections are infinitely preferable to photographs, especially where the histology is as difficult to the beginner as it is in the central nervous system. The book is attractively got up, and there is a bibliography at the end of each chapter.

**TECHNIQUE OF THE TEAT AND CAPILLARY GLASS TUBE.** By Sir A. E. WRIGHT, M.D., F.R.S., and LEONARD COLEBROOK, M.B., B.S. Second Edition. (London: Constable & Co.) Pp. xxvi + 384. Price 42s.

This book is a guide to the technique, mainly bacteriological, employed by Sir Almroth Wright and his co-workers. Every detail onwards from the preliminary glass-blowing (in Chapter II) is described so minutely that the volume should prove invaluable to the student beginning to learn technique, as well as to the advanced worker anxious to perfect himself in new and more accurate methods. The varieties of methods and pieces of apparatus described are many and terrifying, and not many readers are likely to wish to master all of them. The book has been considerably expanded since the first

dition in 1912, and several new refinements in technique have been introduced. The author has added a preface in which he seeks to prove that "clinical experience . . . unaided by apparatus and technique, is, for the purposes of research, of infinitely little account." Even if this be true, we feel that the clinician will retort—quite justifiably—that apparatus and technique, unaided by clinical experience, are equally valueless. There are in the book large numbers of very clear diagrams; there is a misprint in spacing of a heading on p. 180.

**A TEXT-BOOK OF SPECIAL PATHOLOGY.** By J. M. MARTIN BEATTIE, M.A., M.D., and W. E. CARNEGIE DICKSON, M.D., B.Sc. Second Edition. (London: William Heinemann [Medical Books], Ltd.) Pp. 572. Illustrations 271. Price 31s. 6d.

This volume is the second of two text-books written by the authors. The first dealt with general pathology, and this continues the subject in the realm of special pathology. We think that it is a pity for pathological teaching to be thus split up. There is a danger of a student reading this book and being entirely unlearned and untaught as essentials without which pathological investigations of special organs and systems become to him mere parrot-work. So it seems to us, but perhaps the excellence of other text-books has made us unduly hard to please.

The material in the work is particularly uneven in its merits. We find, for instance, an exceedingly able though short article on the supra-renal bodies, a comparatively unimportant sub-section amongst the ductless glands, whilst the much larger section on the conditions of bone is very inadequate. Nine lines disposes of the myelomatoma—surely important both in practice and for examinations. Cysts of bone are unmentioned save for one line given to hydatids. The section on osteomyelitis and periostitis is longer, but again does not emphasise sufficiently a very important subject.

The chapter on the nervous system deserves special praise. It is sufficient, up-to-date and well written. The pathology of the urogenital system is on the whole well done, though we are surprised that no reference is made to the prostate as a primary source of tuberculous infection.

The work is profusely illustrated, but many of the photographs are very poor. A feature which is of considerable value is the frequent addition of references at the foot of the page.

## CORRESPONDENCE.

*To the Editor of the 'St. Bartholomew's Hospital Journal.'*

DEAR SIR,—Please find enclosed P.O.O. for £1 11s. 6d. As my expectation of life according to insurance tables is only another thirteen years I think I will compromise on that, instead of a life subscription. I still notice that when the English mail arrives, the BART.'S JOURNAL is the one that invariably is opened first, and for this I beg to make my compliments to the Editor.

I have often felt it on my conscience that I have never helped the JOURNAL, except by reading it; but here is a story for which I can vouch, if the Editor thinks it is good enough.

We have just lost our Senior Surgeon, dear Ben Poulton, kindly, shrewd and straight, who also was a student at Bart.'s for a short time in the early eighties.

Some time previously he received a letter from a former H.S., the type of man who was not disposed to hide his light under a bushel, about some case, who concluded his epistle thus:

"Yours faithfully,

"P.S.—I am going to do two cataracts to-morrow!"

To whom presently came the reply, subscribed:

"Yours faithfully,  
"Ben Poulton.

"P.S.—Are you?"

Isn't that neat? One can almost feel the touch of a dead and gone Sir Wm. Savory.

Auburn,

S. Australia;

August 6th, 1921.

I am,

Yours, etc.,

J. W. YEATMAN.

## MR. BOYLE'S AMERICAN TOUR: A PUMP AND SUCTION APPARATUS FOR TONSIL OPERATIONS.

*To the Editor of the 'St. Bartholomew's Hospital Journal.'*

DEAR SIR,—Mr. H. Edmund G. Boyle, in his interesting account of a recent visit to America, appearing in your issue of this month, notes, as have several recent visitors, the almost universal adoption by anæsthetists of a pump and suction apparatus for tonsil operations.

In America, at any rate, this apparatus appears to be of comparatively recent origin: the writer saw nothing of it when visiting the chief American clinics in 1906.

The pump part of the apparatus is of quite respectable antiquity, in the form of the well-known Junker bottle.

The suction principle was adopted by the writer some twenty years ago and embodied in an apparatus described as "a combined Junker and blood evacuator."

It was employed for cleft palate operations, enucleation of tonsils at that time being rarely practised.

The suction was obtained from a reversed enema syringe, and the blowing for the anæsthetic, chiefly ether, from a foot bellows.

The apparatus has the advantage of being independent of the electricity supply, and is described in the *Medical Annual* of the year 1902.

I am, Sir,  
Faithfully yours,

C. HAMILTON WHITEFORD.

Plymouth;  
December 3rd, 1921.

*To the Editor of the 'St. Bartholomew's Hospital Journal.'*

DEAR SIR,—We have read with much interest Mr. Boyle's account of his American visit and that he was pressed on all hands to try the anæsthetic value of alcohol. It hardly, however, seems justifiable to make a general statement upon the success of prohibition as the result of such experience. Sir Arthur Newsholme, ex-medical officer of the Local Government Board, has just been over in the States studying the matter for two years, and, as everyone knows, he is a most careful and dispassionate critic. The verdict he has given is that the general result is extraordinarily good. I suggest that it is quite time that this matter receive careful treatment whatever one's individual bias may be.

Yours sincerely,  
NORMAN MACFADYEN.

## RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

ARMSTRONG-JONES, Sir ROBERT, C.B.E., M.D. "Epilepsy and some Kindred Attacks." *Practitioner*, December, 1921.  
 BRANSON, W. P. S., C.B.E., M.D., F.R.C.P. "On Forecasting: A Contribution to the Prognostics of some Anomalies of the Heart and of the Urine." *British Medical Journal*, December 3rd, 1921.  
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### EXAMINATIONS, ETC.

#### UNIVERSITY OF OXFORD.

The following degrees have been conferred:

M.D.—W. H. Butcher.

B.M., B.Ch.—D. G. T. K. Cross.

#### First Examination for Medical Degrees.

*Anatomy and Physiology*.—R. E. D. Cargill, C. L. Elgood.

#### UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:

M.D.—C. J. Stocker.

M.B., B.Ch.—W. H. Blackburn, L. Cunningham, R. S. Scott, G. W. Theobald.

M.B.—J. Whittingdale.

#### Examination for the Degree of M.Ch.

Passed.—R. StL. Brockman.

#### First Examination for Medical Degrees.

*Part I. Chemistry*.—P. E. T. Hancock.

*Part III. Elementary Biology*.—P. E. T. Hancock.

#### Second Examination for Medical Degrees.

*Part I. Human Anatomy and Physiology*.—C. W. Brook, J. E. Elam, A. C. de B. Helme, J. B. W. Robertson.

#### Third Examination for Medical Degrees.

*Part I. Surgery, Midwifery and Gynaecology*.—L. H. Bartram, S. P. Castell, R. S. Corbett, E. Donaldson, W. F. Eberlie, W. B. A. Lewis, R. R. Powell, A. E. Roche.

*Part II. Medicine, Pathology and Pharmacology*.—G. F. Abercrombie, R. S. Corbett, D. Crawford, C. Dunscombe, W. F. Eberlie, D. D. Evans, W. B. A. Lewis, N. G. Thomson.

#### UNIVERSITY OF LONDON.

#### M.D. Examination.

*Branch I. Medicine*.—L. I. Braun.

*Branch IV. Midwifery and Diseases of Women*.—S. M. Cohen.

*Branch VI. Tropical Medicine*.—C. T. Maitland (University Medal).

#### Third (M.B., B.S.) Examination for Medical Degrees.

Pass.—P. N. Cook, G. Day, R. W. P. Hosford, B. L. Jeaffreson, D. M. Lloyd Jones, †E. W. C. Thomas.

\* Honours: Dist. in Medicine. † Honours: Dist. in Forensic Medicine, and Surgery.

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following have been admitted *Fellows*:

G. G. Bruce, M.B., Ch.B. (Aberd.), R. C. Davenport, M.B., B.S. (Lond.), E. I. Lloyd, M.R.C.S., A. J. McNair, M.B., B.Ch. (Lond.), R. Y. Paton, M.B. (Cantab.), D. M. Sutherland, M.D. (Vikt., Manch.), A. D. Wall, M.B., B.S. (Lond.).

### CHANGES OF ADDRESS.

ANDERSON, M. J. B., 176, London Road, Twickenham.

BOUSFIELD, S., 10, Albion Street, W. 2.

CLARK, W. ADAMS, 44, High Street, Penge, S.E. 20.

DOWLING, S. M., 87, Snakes Lane, Woodford Green, Essex. (Tel. [unchanged] Woodford 125.)

GREEN, S. F. STD., C.B.E., Col. A.M.S., D.D.M.S., Scottish Command, Headquarters, Edinburgh.

HERINGTON, C. E. E., 212, London Road, Twickenham.

HUME, J. B., 47, Queen Anne Street, W. 1. (Tel. Mayfair 4132.)

LEVY, H. J., 18, Welfry Terrace, Penydarren, Merthyr Tydfil.

LISTER, A. E. J., Lt.-Col. I.M.S., 88, Harley Street, W. 1. (Tel. Langham 1874.)

VERNEY, E. B., 4, Colosseum Terrace, Regent's Park, N.W. 1. (Tel. Museum 5980.)

### APPOINTMENTS.

ATKINSON, E. M., F.R.C.S., appointed Surgical Registrar to Prince of Wales Hospital.

ELLIOT, E., M.R.C.S., L.R.C.P., appointed Surgeon and Agent to the Admiralty at Dover.

MAINGOT, RODNEY H., F.R.C.S., appointed Surgical Registrar to West London Hospital.

MAITLAND, C. TITTERTON, M.D. (Lond.), D.P.H., R.C.P.S., appointed Demonstrator in Pathology, London School of Tropical Medicine (since October).

SKEGGS, B. L., M.R.C.S., L.R.C.P., appointed Certifying Surgeon under the Factory and Workshop Acts (Stevenage).

URWICK, W. D., M.R.C.S., L.R.C.P., appointed Junior Medical Officer, Surgical Side, Cannock Chase Ministry of Pensions Hospital (Birmingham).

WARD, R. OGIER, M.Ch. (Oxon.), F.R.C.S., appointed Assistant Surgeon to St. Peter's Hospital.

### BIRTHS.

BRADFIELD.—On November 1st, at Moorats Gardens, Madras, the wife of Major E. W. C. Bradfield, I.M.S., of a daughter.

CRIPPS.—On December 7th, at 29, Lower Seymour Street, W., the wife of W. Lawrence Cripps, F.R.C.S.—a son.

LOVEDAY.—On December 18th, at Spring Lodge, Fallowfield, Manchester, the wife of Dr. G. E. Loveday, of a son.

MACKENZIE.—On December 9th, at 1, Camden Terrace, Manningham Lane, Bradford, the wife of Colin Mackenzie, F.R.C.S., O.B.E.—a son.

PRIDHAM.—On November 29th, at Hillfield, Broadway, Dorset, to Margaret, wife of Dr. J. A. Pridham, M.C.—a daughter.

### DEATHS.

BEAUCHAMP.—On November 22nd, 1921, suddenly, the result of an accident, Sir Sydney Beauchamp, of 8, William Street, Lowndes Square, aged 60.

ELLIOTT.—On December 19th, 1921, at his residence, after an operation, John Elliott, F.R.C.P., O.B.E.

FEARNEY.—On September 29th, 1921, Elizabeth Barbara, only daughter of Dr. and Mrs. Fearnley, 88, The Avenue, West Ealing, aged 11.

HOGG.—On December 3rd, 1921, Arthur John Hogg, M.R.C.S., L.R.C.P., of Leslie Lodge, Ealing, aged 72 years.

LE QUESNE.—On November 18th, 1921, at Southampton, after a short illness, Claude Philip Le Quesne, M.R.C.S., L.R.C.P., aged 55.

### NOTICE.

*All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C.*

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